

GAMBLING ESTABLISHMENT ANNUAL FEE CALCULATION

CGCC-028 (New 08/07)



State of California

California Gambling Control Commission**2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231****(916) 263-0700; Fax (916) 263-0452****www.cgcc.ca.gov****Gambling Establishment Annual Fee Calculation**

Business and Professions Code (B&P) section 19951 establishes two fee schedules for Gambling Establishment owner licensees to determine the amount of annual fees to be paid to the Commission. The fee schedules are based on the gross revenues of the owner licensee and the number of authorized tables from the previous fiscal year. In addition, B&P section 19954 requires each licensee to pay an additional one hundred dollars (\$100) for each authorized table. This fee will be deposited in the Gambling Addiction Program Fund, which is maintained by the Department of Alcohol and Drug Programs. Annual fees are to be submitted no later than 120 calendar days following the end of the owner licensee's fiscal year and in conjunction with the annual submission of financial statements.

You must provide truthful information in all of your responses on this form. Any misrepresentation or failure to disclose information requested on this form may constitute sufficient cause for denial or revocation of your state gambling license.

Instructions:

Type or print legibly, in ink, all information requested on this form. **Send the completed form and required fees to the California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231.** Please make all checks payable to the California Gambling Control Commission.

Gambling Establishment (Cardroom) Name	
SECTION 1 – GAMBLING ACTIVITIES/REVENUE	
List the games offered and the gross revenue attributed to each game for the cardroom's prior fiscal year. Should you need additional space, attach a separate sheet of paper. If any section below does not apply, indicate N/A (not applicable).	
Fiscal Year Reporting:	
Poker Style Games	Revenue
1)	\$
2)	\$
3)	\$
4)	\$
California Style Games	Revenue
1)	\$
2)	\$
3)	\$
4)	\$
Other Games	Revenue
1)	\$
2)	\$
3)	\$
Tournament (Name)	Revenue (Entry Fee)
1)	\$
2)	\$
Total Annual Interest Received from the Issuance of Credit:	\$
Total Revenues Listed Above:	\$

SECTION 2a – TABLE FEE SCHEDULES

Check the appropriate box based on the Total Revenues indicated in Section 1 and follow the instructions to determine the appropriate fee per authorized table.

- ☐ Annual gross revenues are less than \$200,000: Refer to **Table 1** to determine appropriate fee per authorized table.
- ☐ Annual gross revenues are \$200,000 or more: To determine the appropriate fee per authorized table:
- 1) Refer to the cardroom's Number of Authorized Tables range in **Table 1** and the corresponding fee.
 - 2) Refer to the cardroom's Gross Revenues range in **Table 2** and the corresponding fee.
 - 3) The fee per table will be whichever fee is greater.

Table 1

Number of Authorized Tables	1 – 5	6 – 8	9 – 14	15 – 25	26 – 70	71 or more
Fee Per Table	\$300	\$550	\$1300	\$2700	\$4000	\$4700

Table 2

Gross Revenues	\$200,000 – \$499,999	\$500,000 – \$1,999,999	\$2,000,000 – \$9,999,999	\$10,000,000 – \$29,999,999	\$30,000,000 or more
Fee Per Table	\$550	\$1300	\$2700	\$4000	\$4700

SECTION 2b – ANNUAL TABLE FEE CALCULATION

Fee Per Table (Determined in Section 2a):	\$
Multiply by Cardroom's Number of Authorized Tables:	X
Total Annual Table Fees to be Submitted:	\$

SECTION 2c – GAMBLING ADDICTION PROGRAM FEE CALCULATION

Gambling Addiction Fund Fee Per Authorized Table:	\$ 100
Multiply by Cardroom's Number of Authorized Tables:	X
Total Fees for Deposit to the Gambling Addiction Fund:	\$

SECTION 2d – TOTAL ANNUAL FEES DUE

ANNUAL FEES DUE (Total from Section 2b and 2c):	\$
---	----

SECTION 3 – DECLARATION / SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Name of Individual Completing this Application (<i>typed or printed</i>)	Title
Signature	Date